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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/878,245	06/12/2001	Katrina L. Dewar	2951.03US02	3786
Brad Pederson,	7590 02/28/200 Esa.	EXAMINER		
Patterson, Thuente, Skar & Christensen			WONG, LUT	
4800 IDS Center, 80 S. 8th Street Minneapolis, MN 55402-2100			ART UNIT	PAPER NUMBER
•			2129	
			MAIL DATE	DELIVERY MODE
			02/28/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

	09/878,245	DEWAR, KATRII	NA L.		
Interview Summary	Examiner	Art Unit			
	LUT WONG	2129			
All participants (applicant, applicant's representative, PTO	personnel):				
(1) <u>LUT WONG</u> .	(3) <u>David Vincent</u> .				
(2) <u>Brad Pederson</u> .	(4)				
Date of Interview: <u>19 February 2008</u> .					
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant	2) <mark> applicant's representative</mark>	e]			
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.				
Claim(s) discussed: <u>n/a</u> .					
Identification of prior art discussed: <u>n/a</u> .					
Agreement with respect to the claims f) was reached. o	g)∏ was not reached. h)⊠ N	J/A.			
Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: <u>Discussed affidavis and the date for the storework99 reference</u> .					
(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)					
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW DATEMENT OF THE SUBSTANCE OF THE INTERQUIREMENTS on reverse side or on attached sheet.	e last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APP DAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO		
	IDential Vincental ODE 0400				
Examiner Note: You must sign this form unless it is an	/David Vincent/ SPE 2129 Examiner's signature, if requi	red			

Application No.

Applicant(s)